

UTILIZATION REVIEW      As described in Ohio Administrative Code  
Rule 5101:3-3-15.  
POS FACILITY            Purchase of Service Facility

## II. ODHS RESPONSIBILITIES

The following duties shall be performed by ODHS or the appropriate CDHS.

### A. Program Related

1. Determine Medical eligibility of persons with MR/DD on a timely basis according to appropriate provisions of the OPAM, the federal regulations, ODHS Administrative Code rules and the Medicaid State Plan.
2. Recognize as Medicaid providers those certified facilities and Habilitation Centers with Medicaid provider agreements.
3. Cover the full range of medical services as identified in the Medicaid State Plan for all eligible recipients covered under the agreement.
4. For ODMR/DD operated Developmental Centers
  - a. Ensure their inclusion for Title XIX survey for certification of LTCFs.
  - b. Perform pre-admission reviews according to the provisions of the federal regulations, ODHS Administrative Code rules and the Medicaid State Plan in order to determine appropriate LOC for all Medicaid eligible residents who are placed in certified sections of ODMR/DD operated Developmental Centers.
  - c. Perform Utilization Review functions for ODMR/DD operated Developmental Centers according to federal regulations, the Medicaid State Plan and the ODHS Administrative Code rules that pertain to LTCFs.
5. In a timely manner provide to ODMR/DD and each Developmental Center all material which is distributed to other providers who participate in the Medicaid program.
6. Include Medicaid eligible individuals with MR/DD in the Buy-In Agreement with the Social Security Administration.
7. Promote the exchange of information between LTCFs, CDHSs, CBMR/DDs and ODMR/DD.
8. Review and approve individual habilitation plans and plans of care developed by the inter-disciplinary team for Model waiver recipients.

B. Fiscal Related

1. For ICF/MR services provided by ODMR/DD Developmental Centers
  - a. Specify any changes for cost reporting format.
  - b. Reimburse services in accordance with the principles of reimbursement for provider costs under Part A of Title XVIII of the Social Security Act as specified in Rule 5101:3-3-51 of the Ohio Administrative Code, 42 CFR 413, and subpart C of 42 CFR 447.
  - c. Assure CDHS authorization of LTCF payments for MR/DD eligible residents. Use the computerized nursing home payment system to process claims and to generate the Remittance Advice on a monthly basis. Contingent upon the availability of federal funds, transfer the federal share to ODMR/DD within five workdays of the run date on the Remittance Advice.
2. For all other covered Title XIX services provided to Medicaid eligible residents of ODMR/DD Developmental Centers, process invoices from eligible providers for covered services based upon reimbursement criteria identified in relevant sections of the Medicaid handbook.
3. Decline to make payment for outstanding services if ODMR/DD refuses to provide records for an audit as specified in III B 1 c and d of this agreement.
4. Model Waiver Program
  - a. Reimburse participating CBMR/DD for case management of Model waiver recipients using federally approved rates.
  - b. Approve providers of services and assign provider numbers as required.
  - c. Make payment directly to appropriate service providers upon receipt of verification from case managers that services were properly authorized and actually received.
5. Reimburse ODMR/DD for Medicaid program related administrative costs including but not limited to training providers and case managers.

See Enclosure 1

6. ~~ODMR/DD will invoice ODHS on at least a quarterly basis through an ISTV for up to \$552 for each screen required by the 1987 Omnibus Budget Reconciliation Act. ODHS will pass through to ODMR/DD only the 75% Federal share of the total amount billed, since the State's share for screening will be appropriated to ODMR/DD.~~

III. ODMR/DD RESPONSIBILITIES

A. Program Related

1. Assist the Developmental Centers in complying with all requirements of the OPAM and assist the CDHS in determining eligibility of all residents.
2. Report to the CDHS all admissions, discharges, transfers, deaths, regular income, resources, and days out of the Developmental Center for Medicaid eligible residents.
3. Make available to ODHS, or its designee, information and access to Medicaid eligible residents of Developmental Centers and their records as required for Utilization Review purposes.
4. Accept LOC decisions made by ODHS, or its designee, in arranging placement from a Developmental Center into a Medicaid certified LTCF.
5. Encourage the coordination of services by CBMR/DD for necessary comprehensive evaluations, habilitation services and relocation management for the following Medicaid recipients:
  - a. Individuals who are formally determined to need an ICF/MR LOC but are residing in a facility certified for ICF or SNF care. In this instance, an adverse determination will have been made by ODHS in accordance with rules 5101:3-3-14 and 5101:3-3-15 of the Administrative Code.
  - b. An individual with MR/DD who is determined, by the adverse determination process, to no longer need care in a SNF, ICF or ICF/MR.
  - c. An individual whose LOC is ICF/MR as determined by ODHS and who requires relocation due to:
    - i. The facility can no longer meet the needs of a person with MR/DD.
    - ii. Decertification of a facility.

- iii. Altered certification of a facility resulting in non-certification of ICF/MR care.
  - iv. Emergencies requiring immediate relocation (flood, building damage, fire, etc.).
  - v. Need for medical/nursing care.
6. Provide for the exchange of information, upon request, on problems and needs of individuals with MR/DD, and about services provided to individuals with MR/DD.
7. ODMR/DD will ensure Case Management activities are provided for all recipients who are both served through the Model waiver program and referred to ODMR/DD by ODHS under the Model waiver program. The case manager will provide services as defined in the ODMR/DD Case Management rules and Procedures Manual. The following services will be provided or arranged by the case manager:
- a. Coordinate completion of the Comprehensive Evaluation.
  - b. Coordinate the development of the IHP and Plan of Care and monitor its implementation; forward the IHP to ODHS for final approval.
  - c. Coordinate the IHP team meeting, provide case management at least monthly and submit a monthly report to ODHS Model Waiver Coordinator.
  - d. Assist in gathering and documenting information needed on forms as specified by ODHS in order for ODHS to determine an LOC.
  - e. Forward copies of evaluations and IHPs to the office of the Model Waiver Coordinator, ODHS Bureau of Community Services.
  - f. Monitor and verify the expense and necessity of the following Model waiver services:
    - i. Home modifications and supplies
    - ii. Personal care activities
    - iii. Habilitation services
    - iv. Homemaker services
    - v. Respite care
    - vi. Transportation.

Review, sign and forward the Medicaid Claim Form 6780 to ODHS within five working days from receipt from the service provider.

8. License ODMR/DD residential facilities.
9. Perform certification of Habilitation Centers to determine compliance with ODMR/DD standards prior to participation as a Habilitation Center in the Medicaid program.
10. For Developmental Center residents receiving habilitation services from a certified Habilitation Center:
  - a. To assure that habilitation services provided within the facility and in Habilitation Centers are coordinated by the Developmental Center; and
  - b. To assure that services directly billed by certified Habilitation Centers are not also included as a cost at the Developmental Center.

B. Fiscal Related

1. For ICF/MR services provided by ODMR/DD Developmental Centers:
  - a. Complete required invoices monthly for the prior month's services or to correct payment errors for residents in ICF/MR certified areas of ODMR/DD Developmental Centers. Report third party payments and changes in resources to the CDHS.
  - b. Monitor personal allowance in ICF/MR certified section of ODMR/DD Developmental Centers according to ODMR/DD administrative rules.
  - c. Submit cost reports that contain approved schedules and supporting documents to allocate accurately costs between certified and non-certified units of an institution. The allocation system must be approved for use by ODHS.
  - d. Maintain for a period of seven years from receipt of payment, or until an audit is completed and all exceptions resolved, records necessary to disclose fully the extent of services provided by all providers. Make records available upon request from ODHS and/or HHS for audit purposes.
  - e. Accept fiscal responsibility for failure to carry out responsibilities outlined under this agreement.

2. For habilitation services provided by ODMR/DD certified Habilitation Centers:

~~Program components, billing procedures and reimbursement methodology will be described in a subsequent amendment to this agreement mutually agreeable to both departments as well as to HCFA. No claim for the prospective period will be submitted to HCFA until said amendment is executed.~~

3. For targeted case management services:

Program components, billing procedures and reimbursement methodology will be described in a subsequent amendment to this agreement mutually agreeable to both departments as well as to HCFA.

4. For 2176 waivers other than currently approved Model waivers:

Program components, billing procedures and reimbursement methodology will be described in a subsequent amendment to this agreement mutually agreeable to both departments as well as to HCFA.

5. To ensure that the Model waiver case manager will perform the following duties:

- a. Approve services ordered and verify that services actually were rendered prior to relaying charges to ODHS for payment.
- b. Keep an individual-specific monthly record of the services ordered and services rendered by each provider in that month. This record will include category of service, name of provider, actual cost of items or services rendered and amount of service provided. The record of transportation services also will include departure and destination points, mileage and reason for the trip.
- c. Advise each provider to keep all records which fully disclose the services provided for seven years from date of payment or until a Federal audit is complete and all exceptions are resolved.

#### IV. CONFIDENTIALITY

The confidentiality of all records and recipient identification information shall be maintained in accordance with federal and state laws, and federal regulations and rules of each department.

See Enclosure 3

V. FEDERAL REDUCTIONS

ODHS will immediately inform ODMR/DD in writing of any proposed federal reductions, and provide copies of the appropriate federal correspondence. The ODHS and ODMR/DD will work with each other in mutual cooperation to establish the state of Ohio's position with regard to any federal reduction in such a manner and within such a time as federal law requires to contest any reduction. ODMR/DD will be responsible for the federal share of Medicaid funds in the amount of federal reduction taken as a result of ODMR/DD's failure to comply with the terms of this agreement, existing state and federal regulations and the Title XIX State Plan.

In the event of reduction imposition by the federal government prior to the determination of the validity of the reduction, the reduction will be passed through to ODMR/DD until such time as the validity of the reduction is established. If it is established the reduction was not proper, ODHS shall restore the amount of the reduction upon the federal government's restoration of the amount of the reduction. If it is established that the reduction was proper, except in the case where reduction error resulted from an ODHS error, e.g., an ODHS calculation error, ODMR/DD shall absorb the reduction. Findings based upon interpretation of audit regulations are not considered an ODHS error.

VI. MISCELLANEOUS

A. Entire Agreement

The foregoing constitutes the final written expression of agreement between the parties. Prior inconsistent oral agreements are hereby superseded.

B. Effective Date

This agreement shall be effective from July 1, 1989 to June 30, 1990.

C. Extension

Upon mutual consent, stated in writing, this agreement may be renewed for a period not to exceed six months.

D. Partial Invalidity

A judicial or administrative finding, order or decision that any part of this agreement is illegal or invalid shall not invalidate the remainder of the agreement; provided however, that the part found to be illegal or invalid does not render the performance of the balance of the contract impossible.

E. Amendments

This agreement may be modified or amended, said amendment to be in writing, signed by the parties hereto or their designed representatives. The amendment of any statutes, rules or regulations cited herein results in the amendment of appropriate contract terms, without the necessity for executing written amendments.

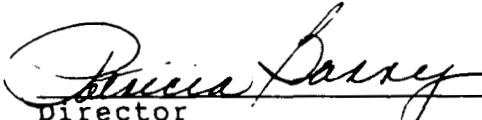
F. Resolution of Disputes


In the event of any disagreement by or between the parties concerning the intent, construction or implementation of this agreement, the parties agree to resolve their differences at the administrative level.

G. Termination

In the event that no federal funds are made available to carry out the purposes of this contract or the Title XIX program is otherwise no longer extant within the state during the term of this contract, the parties shall meet and agree to the timely termination of this agreement.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures.

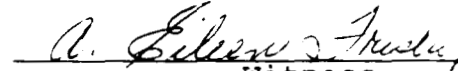
  
\_\_\_\_\_  
Director  
Ohio Department of Human Services

  
\_\_\_\_\_  
Director  
Department of Mental Retardation  
and Developmental Disabilities

10th August 1989  
\_\_\_\_\_  
Date

July 19, 1989  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Witness

TNS # 89-20  
SUPERSEDES  
TNS # 88-15

APPROVAL DATE 10-18-90  
EFFECTIVE DATE 4/89



ADDENDUM

Attachment 4.16-G  
Page 13-14

to the

INTERAGENCY AGREEMENT

between

THE OHIO DEPARTMENT OF HUMAN SERVICES

and

THE OHIO DEPARTMENT OF MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

THIS ADDENDUM is made between the Ohio Department of Human Services, hereinafter referred to as ODHS, and the Ohio Department of Mental Retardation/Developmental Disabilities, hereinafter referred to as ODMR/DD to add certain terms of the Agreement between ODHS and ODMR/DD which was executed July 1, 1988 for the contract period July 1, 1988 to December 31, 1988, and amended on March 23, 1989 to include the time period January 1, 1989 through June 30, 1989.

The ODHS and the ODMR/DD hereby agree to add the following to the agreement:

Preadmission Screening:

For the period April 1, 1989 through June 30, 1989 the ODMR/DD will invoice ODHS on at least a quarterly basis through an InterState Transfer Voucher (ISTV) for \$552 for each Level II Screen, a preadmission requirement mandated by the 1987 Omnibus Budget Reconciliation Act. For this period, the ODHS will reimburse ODMR/DD the total amount billed on the ISTV (State and federal).

From July 1, 1989 and thereafter, ODHS will pass through to ODMR/DD the 75 percent federal share of the total amount billed, since the State share for Level II Screening will then be appropriated to the ODMR/DD.

ODMR/DD will implement its own record keeping system. Any disallowance due to inadequate record keeping after June 30, 1989, will be the responsibility of the ODMR/DD in regard to fiscal accountability for billing for Level II Screens.

Each and every paragraph and part of the original contract not modified by this addendum remains in full force and effect.

STATE OF OHIO  
DEPARTMENT OF HUMAN SERVICES

  
PATRICIA BARRY, DIRECTOR

6/20/89  
DATE

  
WITNESS

STATE OF OHIO  
DEPARTMENT OF MENTAL RETARDATION  
AND DEVELOPMENTAL DISABILITIES

  
ROBERT E. BROWN, DIRECTOR

5/16/89  
DATE

  
WITNESS

APPROVAL DATE 10-18-90  
EFFECTIVE DATE 4-1-89

TNS # 89-16  
SUPERSEDES  
TNS # new

Revised  
J. L. Dubee  
10/16/90

6/20/89 13. 7/27/89

PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)

A. ODHS RESPONSIBILITIES

1. Fiscal Related

- a. Shall process Interagency Fund Transfers (ISTVs) to the account specified by ODMR/DD, transferring the federal share of Medicaid funds. Fund transfers will be contingent upon the availability of federal funds. The federal share transferred to ODMR/DD will be at the rate applicable to Medicaid PASARR activity, which at the time this agreement was entered into is 75% federal and 25% state share.
- b. Shall review county board of MR/DD cost reports, perform annual fiscal audits to verify allowable Medicaid reimbursable costs for PASARR activities, and determine a final settlement of actual allowable costs. If an overpayment occurs, ODMR/DD shall remit to ODHS through ISTV the amount of overpayment within 30 days of notice. If an underpayment occurs, ODHS shall remit to ODMR/DD through an ISTV the amount of the underpayment within 30 days.
- c. Shall decline to make payment for outstanding services if ODMR/DD or any county board of MR/DD fails to provide information or access for fiscal audits or cost settlements as specified in federal regulations, Ohio Administrative Code, or the terms and conditions of this Agreement.
- d. Shall complete and submit FFP claims for OBRA'87 PASARR related Medicaid reimbursable activities. Reimbursement shall be made in accordance with federal and state guidelines unless otherwise specified in writing.

Effective 4/1/89

W-170 # 89-16 Date Rec'd 10/15/90  
NCH Date Appr. 10-18-90  
JBL April 1, 1989